

# **Jesse Brown Veterans Affairs Medical Center Clinical Psychology Internship**

## **Internship Information (2014–2015)**

The Jesse Brown Veterans Affairs Medical Center (JBVAMC) is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's large Illinois Medical District, which also includes Cook County Hospital, Rush University Medical Center and the University of Illinois at Chicago Medical Center. JBVAMC serves the almost one million veterans who reside in its catchment area. Many veterans are eligible for VA health care because they are disabled or economically disadvantaged. More information about the medical center can be found at its website, which can be accessed at <http://www.chicago.va.gov/>.

### **Academic Affiliation**

JBVAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. About 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work, and audiology. Moreover, JBVAMC is one of the most competitive practicum sites in the Chicago area, drawing extern applicants from twelve local American Psychological Association (APA)-approved clinical and counseling psychology programs.

### **Accreditation Status**

The JBVAMC Clinical Psychology Internship Program is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our last completed accreditation review commenced in 2012, and we obtained full accreditation through 2020, the maximum period that can be granted to an internship setting. Accreditation documentation may be viewed upon request. APA accreditation has been maintained continuously since our first accreditation in 1979. More information on accreditation is available from the CoA of the American Psychological Association. The address is:

Office of Program Consultation and Accreditation  
Education Directorate  
American Psychological Association  
750 First Street NE  
Washington, D.C. 20002-4242  
202-336-5979  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## **Nondiscrimination Policy**

The JBVAMC Psychology Internship abides by APPIC's policy on nondiscrimination: "training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." We also adhere to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs."

## **Chicago Location**

Chicago is the third largest metropolitan area in the United States. Jesse Brown VAMC is convenient to expressways and public transportation, including buses and trains that offer transportation to and from our building within blocks of its entrance. Chicago is a hub of arts in the Midwest, the home of world-famous architecture, and dozens of annual festivals. The music and food scene are especially robust and wildly diverse. Further information about Chicago is available at [www.CityofChicago.org](http://www.CityofChicago.org).

## **JBVAMC's Patient Population**

A veteran is defined as anyone who has served in the Armed Forces, whether during wartime or peacetime. Veterans commonly eligible for VA services include:

- Older veterans
- Combat veterans
- Disabled veterans
- Any female or male veteran who has experienced a military sexual trauma
- Indigent veterans with honorable, general, or medical discharges

The veterans at the JBVAMC are from various cultural, socioeconomic, and educational backgrounds. We serve predominately African-American and male populations, although a younger veteran population, characterized by various cultural backgrounds and by both male and female individuals, have increasingly been utilizing our facility's medical services, especially since the wars in Iraq and Afghanistan began. Many veterans have multiple medical and psychiatric problems. Some of our veterans have college or graduate degrees, but the majority have a high school degree or less education. There are more female veterans here than at most VAs. Many of our female veterans are single parents.

Common psychological problems include combat trauma, sexual trauma, depression, personality disorders, myriad anxiety disorders, and psychosis. Many veterans have addictions and may be dually diagnosed. Our veterans often display remarkable resilience and resourcefulness under very difficult circumstances. They are generally open about their problems and honest with themselves about their need for help. More information about our patient population is available in our diversity statement.

## **The Psychology Setting**

There are 36 doctoral-level clinical psychologists at the JBVAMC, as well as two administrative support personnel. Several of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois College of Medicine at Chicago or at Northwestern University's medical school. More information about the psychology supervisors will become available on the web site within a separate document our staff (next scheduled to be updated on or about 8/1/14).

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. Approximately 8–11 externs participate in this program each training year (general running from July to June). Externs receive highly supervised training in one or two focal clinics, such as the Outpatient Psychiatry Clinic, the Day Hospital Program, Inpatient Psychiatry, Neuropsychology, the Addiction Treatment Program, and the Drug Dependency Treatment Clinic, among others. Additionally, JBVAMC's training program will be starting a postdoctoral fellowship program in the fall of 2014. This advanced fellowship program focuses on the assessment and treatment of comorbid posttraumatic stress disorder, pain, and substance use disorders.

Please see the "Academic Affiliation" section for information about non-psychology training that occurs at JBVAMC.

## **Training Model and Program Philosophy**

The Department of Veterans Affairs employs more psychologists and trains more psychology interns than any other American institution. We are proud to be part of the training mission of the VA. The training philosophy of the JBVAMC psychology internship program is as follows:

- **Scientist-Practitioner Model:** We adhere to a scientist-practitioner model of clinical training. In supervision, interns share their decision-making processes, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff members refer interns to appropriate professional research and writings so that interns become aware of the empirical validity for the treatments that are provided. Empirical and scholarly writing is provided in the seminars for the interns. Interns present their own research to psychology externs in our externship seminar and are given four hours per week to work on their dissertations or other research interests. Some staff members are involved in research or scholarly writing, and a number of our interns have presented at conferences or have published articles during their time with us.
- **Cultural and Systems Competence:** Interns assess the patient's social system, which includes the patient, the family, ethnic and cultural issues, and the community. Also, interns negotiate the patient's treatment system, including the treatment team and other

programs at the medical center. Interns are trained to meet the special demands of mental health service delivery to urban, ethnic minority populations.

• **Developing and Respecting Intern Autonomy:** Interns enter our training program with diverse backgrounds—clinical, academic, and personal. We respect and encourage varied interests and psychotherapeutic orientations. Interns' responsibilities and autonomy grow as the training year progresses. By the end of the internship, our interns operate with a high degree of professional autonomy; our interns are respected professionals in the medical center. Interns continue to gain expertise in their personal interest areas and to broaden their training. Interns choose their own training experiences with guidance from mentors as needed. Upon graduation, our interns have achieved the level of competence needed to practice autonomously in some areas of psychology. Also, they are ready for entry-level work in any setting that provides comprehensive psychological services to adults, including medical centers, community agencies, and outpatient clinics, whether in the public or private sector.

• **Mentoring the Whole Intern:** During the internship, interns face two other important tasks: finishing the dissertation and finding employment or a postdoctoral fellowship. Our staff members encourage and monitor the interns' progress in these areas, providing guidance as needed. We strictly limit the internship to 40-45 hours per week so interns have time to complete these other tasks, to spend time with their families, partners, and friends, and to pursue personal interests. We help interns learn the professional coping skills needed to successfully pursue the full-time clinical work of the internship year.

• **Placing Training Above Service Delivery and Revenue Generation:** At the beginning of the training year, the training director systematically assesses each intern's training needs for the year via a face-to-face session, taking into consideration each intern's prior academic experiences, practicum experiences, academic program's feedback, and self-assessment of his or her training needs, in light of the availability of resources to meet those needs. This process is designed to assure that fulfilling these training needs remains the paramount consideration of the program. At no time will interns' needs for clinical training be subordinated to the agency's need to generate revenue nor will it substitute for the delivery of services by the staff. The interns' service delivery activities are predominantly learning oriented because they involve opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

• **Supporting Intern Wellness:** The JBVAMC internship program recognizes the benefit of personal psychotherapy for all mental health professionals, including psychology trainees. We support the decision to seek therapy as a personal one and the program rarely requires the disclosure of personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently, or whose problems are posing a threat to the student or others.

## **Program Tracks**

The Jesse Brown VAMC's training program includes 6 interns for the 2014–2015 training year:

### **General Track - 3 positions**

The three **General Track** interns choose three major rotations of four months each. See below for specific training opportunities. These training opportunities are distributed among a variety of rotational options provided by staff based at JBVAMC's main facility in urban Chicago.

### **Specialty Track—2 positions**

- **Neuropsychology Track—1 position**
- **Health Psychology Track—1 position**

The two Specialty Track interns have fixed major rotations for the year; however, the training philosophy of our psychology internship strongly supports breadth of training for all interns. This makes our internship ideal for the Specialty Track intern who wishes to continue to improve psychotherapy skills and develop skills in additional interest areas. See below for specific training opportunities.

### **Crown Point (Adam Benjamin, Jr. Community Based Outpatient Clinic) Track - 1 position**

The **Crown Point** intern broadly mirrors the General Track experience described above, with a similar rotational structure. This track is intended to provide more focused training in the experiences offered by our affiliated community outpatient clinic (CBOC) located in Crown Point, IN. Group didactics and supervision, as described below, occur in conjunction with the other JBVAMC tracks.

## **Training Program Overview**

The Jesse Brown VAMC Psychology Internship Program's training model encompasses both experiential and didactic components. The internship program's supervising staff provide intensive training experiences to pre-doctoral psychology interns within a scientist-practitioner model. A mentor or apprentice model is employed, reflecting our belief that clinical skills are best developed through close supervision, modeling, and guidance from experienced clinical psychologists. Clinical training occurs within the context of specific program areas or "rotations." During each rotation, interns develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills and clinical responsibilities throughout the intern's rotation to assure the intern's

knowledge, skills development, and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating interns within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, interns are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Interns learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

All interns are required to attend seminars that cover professional topics selected to enhance skills in treating the veteran population, as well as to provide breadth to the training experience. Professional development is reinforced and honed through individual supervision, group supervision, mentorship, and specific seminar topics. Pertinent articles are presented or discussed to encompass current research, theoretical issues, and empirically validated research and to increase awareness of current clinical and political trends in the field of psychology. An appreciation of the cultural strengths and heritage of military or veteran populations is encouraged.

### **Program Goals, Objectives, and Competencies**

The goal of JBVAMC's internship program is to help interns develop their skills in the discipline of psychology with a particular focus on a set of seven objectives. These objectives are enumerated below; specific competencies that interns are expected to develop over the training year are nested within each objective. (Please see "Supervision and Evaluation" below for a description of how mastery of these competencies is measured and evaluated within the program.)

#### **Objective: Competence in Professional Conduct, Ethics and Legal Matters**

**Competency: Professional Interpersonal Behavior—Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

Competency: Seeks Consultation/Supervision—Seeks consultation or supervision as needed and uses it productively.

Competency: Uses Positive Coping Strategies—Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

Competency: Professional Responsibility and Documentation—Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

Competency: Efficiency and Time Management—Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

Competency: Knowledge of Ethics and Law—Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

Competency: Administrative Competency—Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

### **Objective: Competence in Individual and Cultural Diversity**

Competency: Patient Rapport—Consistently achieves a good rapport with patients.

Competency: Sensitivity to Patient Diversity—Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

Competency: Awareness of Own Cultural and Ethnic Background—Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

### **Objective: Competence in Theories and Methods of Psychological Diagnosis and Assessment**

Competency: Diagnostic Skill—Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multi-axial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

Competency: Psychological Test Selection and Administration—Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and MMPI-2.

Competency: Psychological Test Interpretation—Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and MMPI-2.

Competency: Assessment Writing Skills—Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

Competency: Feedback Regarding Assessment—Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

### **Objective: Competence in Theories and Methods of Effective Psychotherapeutic Intervention**

Competency: Patient Risk Management and Confidentiality—Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

Competency: Case Conceptualization and Treatment Goals —Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

Competency: Therapeutic Interventions—Interventions are well-timed, effective and consistent with empirically supported treatments.

Competency: Effective Use of Emotional Reactions in Therapy (Countertransference)—Understands and uses own emotional reactions to the patient productively in the treatment.

Competency: Group Therapy Skills and Preparation—Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

**Objective: Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice**

Competency: Seeks Current Scientific Knowledge—Displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Competency: Develops and Implements Research Plan—Develops and implements plan for research or other professional writing or presentation.

Competency: Theories and/or Methods of Evaluation—Demonstrates good knowledge how to appropriately evaluate programs of intervention with regard to processes and outcomes.

**Objective: Competence in Professional Consultation**

Competency: Consultation Assessment—Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.



Competency: Consultative Guidance—Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

**Objective: Competence in Supervision**

Competency: Supervisory Skills—Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

**Program Structure and Clinical Rotations**

Each rotation is supervised by at least one psychology staff member who is based in that specific program area. The general training structure is outlined below and adjusted to meet the training needs of interns.

***\*\*\*Please note that the rotation options described in this brochure are subject to change depending on the availability of staff supervision. Similarly, the exact content of each rotation is subject to change in response to supervisory availability and changing demands on the overall training curriculum.\*\*\****

**Structure**

The internship is divided into three four-month rotations (roughly July-October; November-February, March-June) for the General Track interns and two six-month rotations (roughly July-December, January-June) for the Specialty Track and Crown Point Track interns. At any given time, interns participate in a training structure approximating the following schedule:

- 1 Major Rotation (approximately 20 hours per week, including 1 hour of supervision)
- 1 Minor Rotation (approximately 6-8 hours per week, including 1 hour of supervision)
- 1 Group Psychotherapy (1 hour per week, plus 30 minutes of supervision)
- 4 Individual Psychotherapy Cases (4 hours per week, plus 1 hour of supervision)
- Intern Seminars (3 hours per week)
- Intern Group Supervision (1 hour per week)
- Dissertation and/or Personal Research (up to 4 hours per week)

This structure yields a total of approximately 40 hours/week. The exact numbers of hours outlined above and described elsewhere in the handbook vary from these depending on the combination of experiences established for an intern. However, our training site believes that it is important for interns to maintain balanced schedules and that training that has both breadth and depth can most healthfully be achieved by adhering to a 40-hour work week. Thus, we largely discourage

interns from significantly surpassing this 40-hour threshold without clear justification and clearance by the director of training.

### **Major Rotation Options**

Each major rotation has approximately 20 hours per week dedicated to it and lasts four months for General Track interns and six months for Specialty and Crown Point track interns. General Track interns select three major rotations based on their training interests and needs, in consultation with the director of training. For Specialty Track interns, their area of specialization is their major rotation throughout the year. An average of 1-2 hours of weekly supervision is provided per major rotation. Examples of major rotation options include the following:

- **Neuropsychology** (Neuropsychology interns do this as their major rotation throughout the year, usually distinguished between semesters by a change in supervisor and/or population of focus.)
- **Health Psychology** (The Health Track intern does this as his or her major rotation throughout the year; the content of this rotation varies and may include health psychology subspecialty programs including the Pain Clinic, Biofeedback, Home-Based Primary Care, the MOVE! Program, and Health Promotion-Disease Prevention. Recently, this has been structured such that the Health Track intern has two of these experiences at any given point in time as part of the major rotation.)
- **Day Hospital Program**
- **Addiction Treatment Program/Drug Dependency Treatment Clinic**
- **Residential Mental Health Treatment**
- **Outpatient Psychiatric Clinic**
- **PTSD Program**
- **OEF/OIF/OND Outreach and Treatment**

### **Minor Rotation Options**

The minor rotations include 6-8 dedicated hours per week and typically last four months, regardless of the intern's track. They provide an opportunity for interns to acquire greater breadth in their training. At least one hour of weekly supervision is provided per minor rotation. Examples of minor rotation options include the following:

- Biofeedback Clinic
- Mental Health Leadership and Administration
- Neuropsychology
- Off-Site Rotations at UIC, Northwestern, Loyola, Rush, subject to availability
- Psychiatric Admitting Clinic and/or Behavioral Health Lab (PAC/BHL)
- Research (subject varies based upon staff)
- Sexual Health Clinic
- Pain Clinic
- MOVE! Program

- Home-Based Primary Care
- Health Promotion and Disease Prevention
- Outpatient Psychiatric Clinic
- Clinical Video Telehealth

Interns have also been known to combine experiences around JBVAMC to construct their own minor rotations, in cooperation with the director of training and the psychology staff, to meet their particular training needs. Some of these experiences have turned into formalized rotations (e.g., most recently, with the Clinical Video Telehealth rotation).

### **Group Therapy Options**

There are a wide range of groups available. In addition to those listed below, interns may participate in the formation of new groups. In the past, interns have sometimes elected to participate in more than one group. Options for delivering group therapy will often exist within major and minor rotations. The requirement to participate in group therapy described in the Structure section above may be satisfied should the intern's major and minor rotations already have a group therapy component substantial enough to provide depth of experience in this modality of treatment delivery. Supervision is provided for 30 minutes per week when a group-therapy option is completed as a stand-alone rotation. Examples of group therapy options from the recent past include the following:

- Combat-Related PTSD
- Military Sexual Trauma-Related PTSD
- Non-Combat-Related PTSD
- Dual Diagnosis PTSD
- Battle Body Retraining with OEF/OIF Veterans
- Transitioning War Skills to Home
- Couples Enrichment Workshop
- OEF/OIF Family Members' Support Group
- High-Functioning Schizophrenia Support Group
- Hepatitis C Support Group
- Cancer Support Group
- MOVE! (Weight Management) Group
- Physical Medicine and Rehabilitation Group
- Treatment Groups in the Psychiatric Residential Rehabilitation Treatment Program (PRRTP)
- Psychoeducational Groups in the Psychiatric Residential Rehabilitation Treatment Program (PRRTP)
- Dialectical Behavioral Group Therapy
- ACT for Chronic Pain

### **Individual Psychotherapy Cases**

Interns carry an average caseload of four weekly outpatients in individual therapy. One hour of weekly individual supervision is provided for this training experience, by an assigned long-term therapy supervisor. Patients are typically seen in the Outpatient

Psychiatry Clinic. The clinic has about 3000 patients enrolled at any one time. Common patient diagnoses include psychosis, PTSD, affective disorders, anxiety disorders, personality disorders, and concurrent substance abuse. The long-term outpatient psychotherapy supervisors are chosen by the director of training and operate from a variety of therapeutic perspectives, but all are interested in supporting the development of the intern's ability to apply a theoretical orientation to individual cases..

### **The Seminar Series**

Interns attend weekly seminars. Topics are chosen for their clinical relevance—e.g., psychotherapy for trauma survivors, military culture, professional issues, and usage of the MCMI-III. Empirically-validated treatments, such as prolonged exposure treatment for PTSD, cognitive processing therapy for PTSD, and dialectical behavior therapy for borderline personality disorder are referenced in appropriate seminars. A sample seminar list of seminars over the last several years is presented in a separate section below.

### **Intern Group Supervision**

"Intern Group Supervision" is intended to involve the Director of Training or another designated member of the training committee in providing supervision to all of the interns at once. The weekly intern group supervision meeting allows for the discussion of cases or clinical issues illustrated within case materials. This supervision setting allows for discussion, reflection, and feedback regarding aspects of professional and ethical development, permits monitoring of the general progress of each intern and the intern class as a whole, provides interns an opportunity to provide feedback about training and ways to enhance their training experience, and allows for professional and colleague-driven feedback and support among the intern class.

### **Diversity Topic Discussions**

As part of the Seminar Series, interns and interested psychology staff members meet to read selected articles on various diversity topics.

### **Dissertation and/or Research**

Although the focus of the internship is the development of the clinical skills of the intern, all interns who have not completed their dissertations are encouraged to schedule 4 hours per week for that purpose. If the dissertation is completed, these hours can be devoted to other clinical or research interests. There may be some limited opportunities for research involvement or co-authorship of papers or posters with internship program staff members.

### **Other Professional Development Activities**

Each intern makes 2 formal presentations during the training year. One presentation of 90 minutes in length, including discussion, is given to the internship class about a psychological research or treatment issue of interest. Another presentation, approximately 45 minutes in length, should be about a research issue of the intern's choice, to be presented to the psychology extern cohort.

## Training Rotation Descriptions

### **ADDICTIONS TREATMENT PROGRAMS and DRUG DEPENDENCY TREATMENT PROGRAMS—major or minor rotation option for all interns**

**Supervisors:** Mark J. Zerwic, Ph.D., [mark.zerwic@va.gov](mailto:mark.zerwic@va.gov)  
Rollin Socha, Psy.D., [rollins.socha@va.gov](mailto:rollins.socha@va.gov)

This rotation provides an opportunity for a psychology intern to gain a broad spectrum of skills working with patients struggling with addictions and with dually diagnosed patients. Three groups are key elements of the rotation:

- The Dual Diagnosis Engagement Group is for patients new to treatment or those returning after an absence. Based on the Stages of Change model, the group educates patients about dual diagnosis and treatment options, as well as applies concepts of motivational interviewing to increase the likelihood of remaining in treatment. The nature of dual diagnosis, depression, PTSD, and differences between addiction and mental health treatment are common themes.
- The Advanced Group is a weekly group for patients with six months to one year of sobriety and a demonstrated ability to benefit from a process-oriented group. Group leaders serve in a consultant role. Common topics include family of origin, abuse, childhood depression, relationships, and employment.
- The Emotions Management Group meets in the evening and assists patients with the emotions that most commonly lead to relapse. Managing anger, coping with grief and loss, and managing guilt and shame are the most common themes. There is time for open interaction and processing and to introduce cognitive-behavioral techniques that assist patients with managing emotions.

· Addictions Central Intake:  
Interns also screen patients in Addictions Central Intake using a computerized structured interview that covers addiction symptoms, psychiatric history, screening instruments for the two most common dual diagnoses at JBVAMC (Depression and PTSD), a suicide risk assessment, a violence risk assessment, and a mental status examination. The evaluation is finalized by providing treatment recommendations. Interns schedule two evaluations per week during the rotation.

### **DAY HOSPITAL PROGRAM—major rotation option for General Track interns**

**Supervisor:** John Mundt, Ph.D., [john.mundt@va.gov](mailto:john.mundt@va.gov)

The Day Hospital Program (DHP) is an intensive psychiatric rehabilitation program. Up to 16 patients attend four to six hours a day, five days a week. Activities include group and individual therapy, creative arts therapy, emotions management training, relaxation training, recreational activities, and some structured learning experiences. The emphasis is on acute (usually two to six weeks in length) management of crises or transitions, with considerable psychoeducation regarding more chronic conditions. The DHP is a general mental health program, but the modal diagnosis is PTSD, and therapy for trauma is central to most patients' treatment. At any given time, the majority of patients in the program are recently returned veterans of Iraq and Afghanistan; many are female. In

addition to PTSD, the range of diagnoses regularly treated includes severe personality disorders, dual diagnoses, schizophrenia and other psychoses, and affective disorders. Referrals to the program are characterized by an acute need for therapy and psychosocial stabilization that requires more powerful interventions than once-a-week outpatient treatment, but not necessarily hospitalization.

The Day Hospital staff include a psychologist, psychiatrist, social worker, and clinical nurse. Psychiatry residents and social work interns, as well as psychology interns and practicum students, round out the team and play an active role in the therapeutic milieu and staff meetings. Daily staff conferences allow for program planning and patient and group process review.

The intern co-leads between 7-8 therapy groups each week, including one of the three intensive therapy groups that meets three times weekly. Trainees also participate in milieu therapy and case discussions/presentations. The rotation also affords opportunities for couples and family sessions as well as occasional community trips (e.g., going to court, home visits). The intern is the primary case manager for one or two patients at a time and provides intensive time-limited psychotherapy and case management for them.

**OEF/OIF/OND WAR FIGHTER WELLNESS and OUTREACH PROGRAM—  
major rotation option for General Track interns**

**Supervisor:** Eric J. Proescher, Psy.D., [eric.proescher2@va.gov](mailto:eric.proescher2@va.gov)

The OEF/OIF/OND War Fighter Wellness & Outreach Rotation experience emphasizes assessment and clinical intervention skills development utilizing a transtheoretical approach to trauma and post-combat readjustment, while emphasizing a multidisciplinary approach to treatment and care management.

Many armed forces veterans and their families struggle with re-socialization, parenting, education, and civilian employment—especially after extended exposure to a combat environment. Mental health diagnoses and psychosocial problems are identified as one of the most common issues reported among eligible OEF/OIF/OND veterans who have presented to VA. The program is designed to meet the needs of the war fighter and his or her family. Because each service member's experience is unique, programs and sessions were developed with the awareness that the nature of veteran and family needs may change over time.

The intern on this rotation will become proficient at conducting specialized PTSD assessments and treatment planning including selecting appropriate candidates among newer veteran population for evidenced-based treatments. Trainees will develop comfort with a wide range of psychotherapeutic interventions, including some evidenced-based treatments (e.g., PE, CPT, EMDR, ACT, behavioral counseling for insomnia). Additionally, trainees will become familiar with the specialized needs and concerns of OEF/OIF/OND veterans and concerns of military culture.

The intern will become skilled at 1) the assessment of trauma, associated psychiatric diagnostic nomenclature and DSM nosology, 2) writing well-organized evaluation reports, 3) providing feedback to veterans, 4) useful case conceptualization and treatment planning, 5) therapeutic intervention, 6) providing consultative feedback to other disciplines, and 7) developing thoughtfulness about the cultural and individual diversity of veterans.

### **Description of Training Opportunities:**

Rotation participants will have the opportunity to participate in individual psychotherapy sessions, couples counseling, and group interventions.

- a. Individual Sessions:** Some veterans with interest in getting on with their lives by completing their education and establishing careers will benefit from career counseling and coaching. For other returning combat troops, addressing stress injuries incurred in military service (not just PTSD) via more traditional mental health interventions will take precedent.
- b. Couples Counseling:** As divorce rates skyrocket and domestic violence increases among our newest returning combat troops, the need for early couples' interventions based on evidenced-based practice is paramount. Our goal is to teach partners the skills necessary to sustain meaningful and satisfying relationships. This experience may include a 4-week Couples' Enrichment Workshop that focuses on improving relationships for veterans and their significant others. This workshop is presented by OEF/OIF/OND Veteran Services in collaboration with the Sexual Health Program. Participation is open to all veterans. Each session will include a didactic section as well as an interactive component during which each couple will be individually paired with a clinician to engage in skill-building exercises. Topics such as accentuating the positive and eliminating the negative, increasing quality time, intimacy, and fighting fair will be covered.
- c. Group Sessions:** Dr. Proescher leads a variety of programs in group format designed to address some of the challenges faced by military service members returning from war and extended deployments. Two of these are described below:

#### **Transitioning War Zone Skills to Home: "Understanding Readjustment"**

This is a weekly program for recent combat veterans. The program focuses on returning to home life and understanding the changes that occur. It assumes the unique conditions of the war zone require a set of skills and ways of thinking that are very different from those at home. The same skills that are highly effective in the war zone can be disruptive to adjustment at home, both in work environments and in relationships. Veterans need two sets of skills for life: one for the war zone and the possibility of redeployment and one for home life.

## **Battle Body Re-Training**

This is a 10-week relaxation program for OEF/OIF/OND veterans to reduce stress, enhance the immune system, and generate physical and emotional health. Military service members training for and participating in combat experience high levels of stress that can cause irregularities in the autonomic nervous system affecting states of sleep, restlessness, exaggerated startle response, irritability, pain, and muscle tension. A survey of mind-body interventions including but not limited to deep breathing, autogenic relaxation, progressive muscle relaxation, mindfulness meditation, tai chi/chi-kung, yoga, reiki, guided imagery, and hypnosis can—with regular practice—help to reestablish the equilibrium of mind and body.

### **Outreach Activities:**

The OEF/OIF/OND outreach team conducts marketing and outreach to military units, family readiness groups, other agencies (e.g., Illinois Department of Employment Security), and Veteran Service Officers (VSOs) in veteran communities. Crucial to this mission is learning about the other local resources, networking resources available at city, state, and federal levels, and connecting those in need with immediate support.

- a. Outreach presentations:** Help families and returning veterans to understand how to appropriately participate in "homecoming" and "readjustment" through outreach presentations (e.g., a monthly cable access television show) and educational seminars offered during day and evening hours to accommodate the school, work, and family schedules of OEF/OIF/OND veterans.
- b. Community collaboration:** Participate in VA health and benefits fairs, job fairs, and supermarkets targeting OEF/OIF/OND veterans at the JBVAMC; develop relationships with local military units; present at conferences and workshops as a subject matter expert on returning OEF/OIF/OND veteran issues.
- c. High-tech outreach:** The OEF/OIF/OND outreach team makes regular email, Facebook, Twitter, and telephone contact with OEF/OIF/OND veterans with whom they establish contact. Weekly email messages and periodic Facebook posts are sent with practical tips about education, career, health, etc., along with an inquiry into how the veteran is doing.

### **Goals and Training Objectives:**

1. Gain a thorough understanding of and the ability to execute PTSD evaluations utilizing assessment instruments (e.g., PDRI, PCL, Beck) with an emphasis on a flexible, process-oriented approach;



2. Gain a thorough understanding of trauma and combat stress injuries and the ability to execute trauma-focused therapy utilizing case conceptualization and treatment planning skills;
3. Acquire skills (e.g., interventions and interpretations) that facilitate patient acceptance and change;
4. Develop the ability to understand and productively use his or her own emotional reactions to the patient in the treatment;
5. Develop public presentation skills sufficient for a wide range of outreach audiences (e.g., patient, lay person, professional);
6. Abide by and adhere to professional responsibilities and ethics, thus establishing a stronger professional identity as a psychologist; and
7. Gain understanding of and respect for differences that exist between the self and veterans in terms of race, ethnicity, culture, and other individual difference variables.

### **Supervision:**

Individual supervision will be provided each week for a review of audio-recordings of therapy sessions, treatment planning and case conceptualization, review case notes/evaluations, and professional development issues. There will also be time for as-needed, immediate, and on-site supervision throughout the training week.

**RESIDENTIAL MENTAL HEALTH TREATMENT—major rotation option for General Track interns, minor rotation option for all interns.**

**Supervisor: D. Ryan Hooper, Ph.D., [david.hooper2@va.gov](mailto:david.hooper2@va.gov)**

The Substance Abuse Residential Treatment Program (SARRTP) and the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provide an extended opportunity for veterans struggling with substance abuse and/or mental health issues to stabilize in their recovery. Interns can elect to complete a major rotation (20 hours per week as part of SARRTP & PRRTP) or minor (6 hours per week as part of SARRTP or PRRTP). The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) is a 35-day, 20-bed residential program for veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g., Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote lifestyle change. Individual therapy often focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns. Consultation is generally with inpatient psychiatry, medicine, or other substance abuse treatment programs and includes screening for admission. Characteristics of the rotation are the integration of motivational interviewing and MI principles in various applications, exposure to motivational interviewing training and staff consultation, experience in group therapy, exposure to vocational development for veterans, and the opportunity to interact with several treatment teams.

The Psychosocial Residential Rehabilitation Treatment Program (PR RTP) is a 42-day, 20-bed residential program for veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, and substance use disorders. The program provides these individuals with mental health and medical treatment, structure, and support to address multiple and significant psychosocial stressors, including homelessness, chronic medical conditions, and unemployment. The PR RTP treatment team encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers.

An intern working in these programs would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. Current therapy groups include CBT coping skills, CBT for relapse prevention, and Seeking Safety for veterans experiencing both PTSD and substance dependence. Supervision would focus on the therapeutic relationship and developing intervention skills.

**PSYCHOSOCIAL REHABILITATION and RECOVERY CENTER (PRRC)-  
major rotation option for General Track interns, minor rotation option for all  
interns**

**Supervisor: Margret Harris, Ph.D., [margret.harris@va.gov](mailto:margret.harris@va.gov)**

The Psychosocial Rehabilitation and Recovery Center (PRRC) at JBVAMC is a recently established program funded by VA Central Office. The previous Day Treatment program currently is in the process of converting into a center where veterans diagnosed with serious mental illnesses (defined as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS) are encouraged to self-determine life goals and develop the necessary skills and supports to achieve these objectives. Recovery is defined not as a cure of mental illness, but rather as successful effort toward reintegration into the community. Veterans learn to regain meaning, purpose, and personal control in their lives through supportive reentry into community-integrated employment, education, housing, spiritual, family, and social activities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with six other federal agencies, the term recovery consists of ten fundamental components: self-direction, individualization, empowerment, holism, non-linearity, focus on strengths, peer support, respect, responsibility, and hope. The PRRC at JBVAMC is designed to be an educational program with an academic model emphasizing the incorporation of these ten fundamental components. Group-oriented classes are offered over the course of three 12-week semesters. Veterans self-determine the number and type of academic courses in which they wish to engage. By offering veterans a strength-based approach to care, treatment, and services, the PRRC program aims higher—toward a framework of hope, healing, and empowerment. Veterans will learn to self-determine their own goals and develop wellness strategies to achieve an

improved quality of life and a greater sense of independence. Successful completion of the PRRC is designed to enable veterans with serious mental illness to become more independent and community-integrated with continuing access and utilization of appropriate outpatient mental health services and support as needed.

The PRRC consists of a multi-disciplinary staff from the fields of psychiatry, psychology, nursing, social work, recreational therapy, vocational therapy, and peer support working together in a unified treatment team approach to recovery. The psychology intern will work closely with all members of this multidisciplinary treatment team. The intern will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the intern will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired). Additionally, the intern will be involved in continued program development projects, and the writing and updating of course curriculum to insure that the material is based upon the best evidence-based treatment practices in the field.

Because the PRRC program consists primarily of therapy groups, the intern will develop expertise in this therapeutic modality and will be supervised specifically in conducting group therapy. Because the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the intern at JBVAMC will have the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering his or her professional development.

### **POSTTRAUMATIC STRESS DISORDER CLINIC—major rotation option for General Track Interns**

#### **Multiple supervisors available**

This rotation provides comprehensive training in the diagnosis and treatment of Posttraumatic Stress Disorder (PTSD), one of the most prevalent mental health problems among veterans within the VA. This rotation takes place in JBVAMC's PTSD Clinic, an outpatient clinic designed to treat military-related PTSD. Veterans receiving treatment in the PTSD clinic have experienced combat trauma, military sexual trauma, or other military-related trauma. Although military trauma is a prerequisite for admission into the clinic, quite a few veterans in the clinic have had multiple traumas throughout their lives, including childhood physical or sexual trauma, experiencing or witnessing urban violence, or experiencing a natural disaster. Treatment in the PTSD Clinic consists primarily of medication management and individual, group, and couples therapy. Evidence-based treatments including PE, CPT, and ACT may be utilized in treatment. A variety of groups are offered: longer-term supportive/psychodynamic psychotherapy, dual-diagnosis, psycho-education, skills-training, and Cognitive Processing Therapy. Many veterans also have dual diagnoses; therefore, there is a strong emphasis on managing and providing treatment for co-occurring substance use disorders, depression, anxiety, and personality disorders. Case management is an integral component of

treatment in the clinic because of the high rates of poverty and environmental stressors our veterans experience.

The PTSD Clinic is staffed a multi-disciplinary team including five psychologists, three psychiatrists, a social worker, a clinical nurse specialist, and a recreation therapist. Psychiatry residents, psychology interns, and other students play an active role in treating patients and contributing to team meetings and discussions. A weekly team meeting focused on clinic issues and difficult-to-treat patients provides an opportunity for case consultation and for systemic issues within the clinic to be addressed. There is a weekly case disposition meeting in which team members present cases and collaborate on treatment planning. In addition, there is a case consultation meeting focused on evidence-based psychotherapy.

The intern will conduct PTSD evaluations, co-lead several PTSD groups, receive in-depth training in two evidence-based psychotherapies for PTSD (Prolonged Exposure and Cognitive Processing Therapy), provide individual therapy, and will attend staff and case consultation meetings. The intern will also receive at least two hours of supervision per week and will be asked to complete reading assignments throughout the rotation.

**OUTPATIENT PSYCHIATRY CLINIC (OPC)—major rotation option for General Track interns, minor rotation option for all interns**

**Supervisor: Andy Lehman, Ph.D., [kenneth.lehman@va.gov](mailto:kenneth.lehman@va.gov)**

The Outpatient Psychiatry Clinic rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, psychoeducation, and some limited availability to treat couples. Because of the breadth of the patient population available in this rotation, the training experiences available in the OPC rotation are especially fitted to the individual trainee's needs. Recent interns have used this rotation to focus on honing their implementation of Cognitive Processing Therapy for PTSD, treating women veterans, integrating assessment into an extended treatment plan, and becoming flexible in their orientations toward patient conceptualization. Taking an active role in case management will also be expected to be prominent in this rotation. Finally, the active management of patients with serious mental illness and escalating the care of patients in crisis are common these in OPC.

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## **ADDITIONAL MINOR ROTATION OPTIONS**

### **PSYCHIATRIC ADMITTING CLINIC**

Interns choosing the Psychiatric Admitting Clinic (PAC) rotation hone their interviewing and diagnostic skills. PAC is the primary entry point for referrals to all psychiatric services—both inpatient and outpatient. Interns develop their psychological interviewing

skills and learn to make differential diagnoses. A key skill to be acquired is the ability to make rapid assessments and dispositions. The training experiences include the following:

- evaluation of patients in acute states of psychosis, depression, mania, and intoxication;
- working closely with psychiatrists, psychiatric residents, medical students, and social workers;
- contributing to decision-making about psychiatric admission;
- learning assessment and decision-making regarding suicidal and homicidal patients;
- crisis intervention, including work with family members; and
- working in the emergency room.

## ASSESSMENT

This rotation is for interns wishing to further refine their skills in psychological assessment. The rotation is personalized to the intern's training needs. The MMPI-2, MCMI-III, Rorschach, TAT, Sentence Completion, and the WAIS-IV are emphasized. Settings for testing include the outpatient clinic and compensation/pension evaluations. Interns are expected to complete several written reports during this rotation and learn skills related to giving feedback to veterans on their testing results.

## SEXUAL HEALTH CLINIC

The intern within this minor rotation works with Dr. Jeff Albaugh, a nurse with specialty training in sexual health assessment and treatment. Dr. Albaugh is very knowledgeable about medication effects and the physiology of sexual functioning, and he is also sensitive to interpersonal and intrapsychic issues related to sexual functioning.

## OFF-STATION ASSIGNMENTS

The availability of specific off-station rotations ***depends on many factors not controlled by us and therefore cannot be guaranteed in advance***. In the past, interns have studied at the University of Illinois Counseling Center, Rush-Presbyterian-St. Luke's Medical Center, and the University of Illinois Medical Center, all within easy walking distance. The off-station rotations must be taken in an approved training environment under the direct supervision of a qualified licensed psychologist. These rotations are designed and arranged by the intern with consultation and approval by JBVAMC's Director of Training.

In addition to the official internship requirements, interns may seek other professional and training experiences available at the VA and at the University of Illinois at Chicago. At the VA, these include an excellent series of psychiatry CME lectures as well as ongoing consultation seminars on individual psychotherapy, geriatrics, and group therapy. At the University of Illinois at Chicago interns may attend Grand Rounds and other seminars. Northwestern University's medical school also has periodic seminars that interns may be eligible to attend. Interns often are encouraged to attend VA regional or national conferences.

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## **SPECIALTY TRACK TRAINING OPPORTUNITIES**

### **Health Psychology Training**

**The Health Psychology Specialty Track** at JBVAMC offers full-year intensive training in clinical health psychology, which conforms to the guidelines recommended by the Council of Clinical Health Psychology Training Programs and APA Division 38. This specialty track has been available at JBVAMC since 1995. Our health psychology specialty track prepares the intern to pursue advanced training in this growing area. A broad categorization of the specific skill set emphasized in our training approach for the health psychology intern include: development of health psychology-specific assessments and interventions offered across a variety of formats (viz., individual, group, couples, family), interventions related to prevention and maintenance of health, interprofessional training, the prevention, treatment, and rehabilitation of illness and disability, and program evaluation and research.

Through supervised involvement in both outpatient and inpatient settings, interns hone their skills in assessment and consultation with the opportunity to assess and treat patients with a variety of problems and disabilities (e.g., cancer, chronic pain, hepatitis C, insomnia, hypertension, diabetes, and morbid obesity). Outpatient experiences typically include rotations in Biofeedback/Outpatient Health Psychology, Chronic Pain, Health Promotion/Disease Prevention, Home-Based Primary Care, and the MOVE! Program.

The interns completing the Health Track have had great success in obtaining competitive postdoctoral and staff psychology positions in health psychology. Examples of recent placements by our interns include postdoctoral fellowships at Loyola Medical School in 2005, Rush Medical Center in 2006, Northwestern Medical School in 2007 and 2009, Kaiser Permanente Medical Center in San Francisco in 2008, a staff position in the Department of Hematology and Oncology at the University of Chicago in 2010, and a post-doctoral fellowship position at the Stony Brook University in 2011.

#### **BIOFEEDBACK/HEALTH PSYCHOLOGY ROTATION (10 hrs):**

**Supervisor:** Susan Payvar, Ph.D., BCIA-C, [susan.payvar@va.gov](mailto:susan.payvar@va.gov)

This rotation is available as either a minor or a major rotation, including required weekly supervision. The remaining hours are from participation in individual treatment, group therapy, assessment, program evaluation/research, and administrative time. Interns in this rotation may have an opportunity to work with a health psychology extern. Interns will have the following training opportunities:

- **Conduct comprehensive assessments with all patients referred to the Biofeedback/Health Psychology Clinic.** This is a consult-based clinic where referrals are received for a variety of questions, including adjunctive assessment/treatment with

biofeedback/cognitive behavioral therapy. Referrals come from throughout the medical center and include services such as the following: Women's Health, OEF/OIF/OND Clinic, PTSD Clinic, Outpatient Psychiatry Clinic, Geropsychiatry, Primary Medicine Clinics, and Neurology, among others. Interns will learn how to conduct a Psychophysiological Stress Profile and how to use health psychology assessment tools such as various paper/pencil tests to assess a patient's quality of life and stress-related responses. Additionally, interns will learn how to conduct comprehensive Insomnia Behavioral Health Evaluations.

- **Conduct adjunctive treatment with patients referred to the Biofeedback/Outpatient Health Psychology Clinic.** Following the completion of comprehensive assessment and being deemed appropriate for treatment, the patient is enrolled for a time-limited treatment in this clinic. Basic treatment protocols are taught in addition to integrating adjunctive treatments into the patient's existing treatments elsewhere in mental health or other programs. Training follows an apprenticeship model, with interns observing the psychologist and receiving extensive training on all aspects of treatment in this clinic. Interns will subsequently have the opportunity to carry a caseload of their own in this clinic with attention paid to including a diverse client population.
- **Co-lead psychoeducational health groups.** The interns will have opportunities to co-lead various groups with the supervising psychologist. The groups available are broad in scope and may include the following: a Hepatitis C Support Group, an Insomnia Behavioral Health Group, a process-oriented support group for patients with cancer diagnoses, and weekly group therapy for patients on the Physical Medicine and Rehabilitation inpatient unit. Additional groups include a biofeedback group for patients with headaches, monthly psychoeducation in stress management in the Addictions Programs, and a time-limited group in Smoking Cessation. The majority of groups involve interdisciplinary participation and will present trainees with opportunities to interact with residents and professionals from other disciplines. With sufficient interest and appropriate time availability, interns are encouraged to develop and implement new groups that are not already in the programmatic rotation offering.
- **Participate in consultation-liaison services.** Interns will have opportunities to learn about consultation-liaison practices through activities in Palliative Care Services/Oncology Clinic/Physical Medicine/Rehabilitation Services. These activities include participation in weekly team meetings and rounding with the residents/attending staff assigned to those rotations. There are also opportunities available to provide brief, consultative services on an inpatient basis.
- **Conduct program evaluation/outcomes research.** For the past few years, interns have had opportunities to participate in ongoing research activities that investigate the efficacy of various group therapies. Research resulting from such participation has provided interns with opportunities to learn how research informs clinical practice in addition to presenting their work in national conferences.

## **CHRONIC PAIN ROTATION (8-10 hours):**

**Supervisor:** David Cosio, Ph.D., [david.cosio2@va.gov](mailto:david.cosio2@va.gov)

Required activities in this rotation include 1 hour of supervision, 1 hour of participation in Pain Education School, 1 hour of group psychotherapy, 3 hours of individual assessment, and 2 hours of administrative time per week.

The intern assigned to the Health Psychology Specialty Track will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The intern will begin by meeting (jointly with the supervising psychologist) new patients who are scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 23 different pain treatments available at the JBVAMC are appropriate for referrals. Interns will then meet individually with patients and present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.
- **Learn about multidisciplinary approaches through consultation and liaison services.** The intern will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The intern will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The intern will also present a topic during that meeting once during his or her rotation. The intern may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, pharmacist, and the osteopath.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate a group with the psychologist. The intern can choose any combination of groups, including the Pain ACT Group, the Pain CBT Group, and the Peers with Chronic Pain Support Group. The Pain ACT and CBT group are empirically supported interventions. The Peers with Chronic Pain Support Group is similar to AA Step Meetings insofar as, each week, one person will present a 10-minute discussion about one of the lessons learned in either the CBT or the ACT group. The intern will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all veterans and their families. It is a comprehensive program that introduces patients to more than 20 different disciplines at JBVAMC that deal with chronic pain. Each discipline will share information about pain from the discipline's perspective, what treatments are available to veterans in their service, and how to set up appointments in their respective clinics. As a behavioral pain specialist, it is imperative that trainees gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The intern will also be expected to present a topic at least once during Pain Education School.
- **Provide individual biofeedback/relaxation training to Pain Patients.** The intern will have the opportunity to learn about different modes of relaxation training, including



diaphragmatic breathing, progressive muscle relaxation, guided imagery, autogenic training, and self-hypnosis. The intern will also learn how to use biofeedback equipment (EMG, SC, Temp, Heart Rate, and respiration) and its applicability to different chronic pain conditions.

- **Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The intern will be expected to conduct at least one SCS psychological evaluation and neuropsychological screening, which includes a battery of questionnaires and an intake interview (approximately 4 hours in duration). The battery includes the MMPI-2, BDI-II, BAI, MMSE, and the COGNISTAT.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing.

#### **HEALTH PROMOTION/DISEASE PREVENTION ROTATION (8-10 hours):**

**Supervisor: Colleen Fairbanks, Ph.D., [colleen.fairbanks@va.gov](mailto:colleen.fairbanks@va.gov)**

This rotation has been offered as either a major (20 hours per week) or minor (6 hours per week) rotation option. Regardless of which option is chosen, one hour per week of supervision is required. Interns who select this rotation will be involved in the direct clinical care of Veterans, with non-direct patient care clinical activities to include training/coaching/supporting PACT clinicians, administrative/program evaluation/outcome measurement/research, and other responsibilities, which might include serving on committees, grant writing, supervision, etc.

An intern assigned to the Health Promotion/Disease Prevention Health Psychology Specialty Track will have the following training opportunities:

**Provide specific training and consultation with medical center staff.** The intern will be involved in training primary care staff and other medical center staff to facilitate effective health behavior coaching (i.e., healthy lifestyle coaching to support patient self-management). The intern will contribute to the training of primary care teams and others in evidence-based methodologies to effectively communicate with, motivate, coach, and support patients in being aware of relevant health risks, clarifying personal goals for health promotion and disease prevention change, developing individualized patient self-management plans, and maintaining these healthy behaviors. Consultation to medical center staff, primarily in primary care, on the evidence basis for health behavior interventions aimed at promoting health and preventing disease will also be provided by the intern.

**Conducting behavioral health/preventive medicine programs.** The intern will build skills in consulting with and supporting primary care, prevention, and patient health education team members through conducting behavioral health/preventive medicine programs. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments, Tobacco Cessation, and Healthy Living clinics.

**Provide health behavior assessments and interventions.** The intern will have the opportunity to work with patients with unique or complex problems impacting their health promotion/disease prevention self-management plans.

**Serve as a consultant to medical center staff on health promotion/disease prevention issues.** The intern will be required to build and maintain competencies in health behavior coaching and motivational interviewing and may provide in-service or invited grand round presentations to medical center staff in areas directly related to the mission of the health promotion/disease prevention program and on the function of health behavior assessment and interventions to promote health and prevent disease. The intern should have an ongoing knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

**Participate in Jesse Brown's Health Promotion/Disease Prevention Program Committee.** The intern will have the opportunity to assist in the development of new or the adaptation of existing VHA programs, guide program implementation, and coordinate evaluation strategies to help determine the efficacy of health promotion and disease prevention at Jesse Brown. The intern will also help develop, implement, and evaluate ongoing hospital-wide communication campaigns and special events for patients and staff on health promotion and disease prevention.

### **HOME-BASED PRIMARY CARE (HBPC) ROTATION (8-12 hours):**

**Supervisor:** Tracy Schafer, Psy.D., [tracy.schafer@va.gov](mailto:tracy.schafer@va.gov)

This rotation may include participation in weekly interdisciplinary team meeting(s) during which treatment plans are developed (3-5 hours, takes place on Thursday), supervision (1-hour runs concurrent with field work or taking place during a commute), field work/home visits (4-5 hours), and administrative time (1-2 hours).

**\*\*Interns participating in this rotation must have a valid driver's license** and feel comfortable driving in the city of Chicago (a government vehicle will be provided). Interns will be expected to maintain regular contact with fleet services in order to request and secure vehicles and purchase E-85 gas as needed with a government credit card. They will be providing psychological services in the homes of our veterans and should be comfortable doing so in neighborhoods throughout the city.

An intern assigned to the HBPC rotation will have the following training opportunities:

- **Learn about multidisciplinary approaches through involvement in interdisciplinary team meetings.** The intern will have the opportunity to attend and

contribute to weekly team meetings along with other disciplines including geriatric physicians/fellows, nursing, kinesiotherapy, pharmacy, chaplain services, social work, psychiatry, and dietary services. He or she will be expected to collaborate with other disciplines and provide feedback depending on the individual needs of the veteran being discussed. HBPC is a program that specifically targets individuals with complex, chronic, disabling disease. We provide comprehensive longitudinal primary care in the homes of veterans with the goal of maximizing the independence of our veterans and increasing their overall quality of life. We also aim to reduce the number of emergency room visits and non-essential hospitalizations.

- **Provide client-centered consultation services to the HBPC care team as needed or requested.** HBPC team members will often depend on the expertise of the psychology intern to aid in addressing concerns or patient issues that require a unique perspective. Members of other disciplines may also request information about a particular mental health-related issue and solicit guidance on how to best interact with a particular veteran. Interns will also be asked to provide one educational "in-service" for non-mental health staff members in order to help to facilitate more learning and growth of team members.

- **Conduct initial assessments with patients newly admitted to the HBPC program.** The intern will meet with newly admitted patients in their homes to perform an initial assessment. The assessment includes a screen for mental health issues in addition to a brief cognitive evaluation. We are also looking at each patient's functional limitations as well as environmental, social, and familial factors.

- **Provide treatment/diagnostic interventions based on information acquired during the initial assessment.** The intern will develop a treatment plan based on his or her initial assessment if a need is detected. Depending on the comfort level of the intern, sessions may be co-led or led by the intern independently. Common HBPC interventions include (those highlighted occur with a high level of frequency) the following:

- Treatment of depressive and anxiety-related disorders as well as other Axis I conditions;
- Providing psychological prevention services to patients at significant risk for psychological problems;
- Treating adjustment disorders subsequent to medical conditions and change in functioning;
- Providing treatment or educational activities focusing on relationship or caregiver issues affecting veteran care;
- Treatment focusing on the excessive use or misuse of alcohol or other substances (for which the patient may have a lower than normal tolerance due to their medical conditions and the potential for negative interactions with prescribed medications);
- Addressing issues related to treatment compliance;
- Addressing grief issues experienced by the veteran and his or her caregiver;
- Providing psychoeducation, teaching intervention, giving behavioral coaching, and administering assessments related to cognitive decline; family members may be trained to better manage behavioral problems associated with dementia; such training may allow the HBPC team to

- reduce the use of psychoactive medication as a means of controlling behavioral problems;
- Providing clinical services through the use of telemental health (telephone support groups);
- Providing screening for cognitive deficits to address specific functional questions;
- Performing capacity/competency assessments when there are questions about a patient's ability to make medical decisions, perform other specific functions, or live independently;
- Offer support to caregivers purported to promote collaboration with the HBPC team, for the benefit of the veteran;
- Facilitating transition and adjustment to new living situations (e.g., a nursing home, assisted living facility);
- Provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical compliance;
- Promote communication and interaction between medical team members, patients, and their families to facilitate the medical treatment process;
- Refer patients for psychotropic medication consultation while working closely with psychiatry services;
- Refer to city and state agencies for senior services including necessary follow-through (e.g., Adult daycare services or DOA); and
- Complete routine cognitive and depression screenings, as needed.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review treatment sessions, discuss research, and discuss professional development. This will generally take place during our commute around the city.
- **Research project-** The intern may have an opportunity to participate in research during this rotation.

### **MOVE! PROGRAM ROTATION (10 hours):**

**Supervisor:** Sarah Catanese, Ph.D., [sarah.catanese@va.gov](mailto:sarah.catanese@va.gov)

This rotation requires approximately 1 hour of supervision, 1.5 hours of group psychotherapy (MOVE! Core Group and Boot Camp), 1 hour of bariatric surgery-related activities (group, rounds, information session, or didactics), 1 hour of individual psychotherapy, 1 hour of individual assessment, and 2 hours of administrative time/week. Interns choose from the following options for the remainder of the rotation schedule: research and/or program evaluation, employee wellness, program design, and special projects—past projects have included assisting with the Farmer's Market, leading a weight-loss group for employees, administering hypnosis for weight loss, applying for a smoking cessation grant, and administering mindful eating sessions.

The intern assigned to the MOVE! Program's rotation will have the following training opportunities:

- **Develop a sensitive approach to working with patients who are overweight.** Over 70% of the population is overweight, yet there remains an abundance of stereotypes, prejudice, and misinformation about being overweight or obese. Trainees will have the opportunity to develop and practice a sensitive approach to discussing, conceptualizing, and treating veterans who are overweight or obese.
- **Learn evidence-based approaches to weight management.** Cognitive behavioral therapy, medication, and surgery have been shown to be among the most effective approaches for weight management. The trainee will learn about each technique and its effectiveness. The trainee will also explore other approaches to weight loss and the evidence or lack of evidence for their effectiveness. Trainees will also have an opportunity to shadow a dietitian, endocrinologist, recreation therapist, and primary care staff to observe a multidisciplinary treatment approach.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate or lead groups. Current groups include a 12-week CBT-oriented weight management group, MOVING FORWARD, Maintenance, and Boot Camp groups. The intern will be expected to be prepared each week for the group lesson.
- **Participate as a member of the Bariatric Surgery Team.** The intern will have an opportunity to be a member of the bariatric surgery team. The intern will conduct bariatric psychological evaluations, lead the bariatric surgery support group, attend the bariatric surgery information sessions, and participate in the bariatric surgery rounding meeting.
- **Provide individual evaluations and treatment for patients.** Patients seeking weight management or struggling with eating disorders commonly associated with obesity are assigned to interns as their workload permits.
- **Program design and development.** Interns interested in designing and developing new programs can gain experience with this aspect of psychology through the MOVE! Program. Past project designs have included a farmer's market to promote healthy eating, a grant for a smoking cessation group for women, redesign of the group structure, development of the bariatric support group, implementation of a weight loss group for employees, and creation of a motivational interviewing seminar for multidisciplinary staff. A future project could include investigating an intensive, inpatient weight management program.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of treatment.

### **OUTPATIENT HEALTH PSYCHOLOGY MAJOR ROTATION (for General Track interns):**

The Outpatient Health Psychology major rotation is offered as an experience available for the General Track interns. The intern would participate in a selection of health psychology training activities, including participation in the pain clinic, the biofeedback

clinic, psychoeducational groups, and outpatient health psychology assessments, including bariatric assessments. Available supervisors include Sarah Catanese, Ph.D., David Cosio, Ph.D., Colleen Fairbanks, Ph.D., Tracy Schmidt, Psy.D., and Susan Payvar, Ph.D. Interns interested in working with a primary care patient population and those interested in learning the various specialty areas in clinical health psychology will find this rotation to be of interest in their overall training program.

**OUTPATIENT HEALTH PSYCHOLOGY MINOR ROTATION (for Neuropsychology and Crown Point Track interns)**

The Outpatient Health Psychology minor rotation is offered as an experience available for the Neuropsychology Track interns. The intern would participate in a limited number of the health psychology training activities outlined above.

**SEXUAL HEALTH CLINIC (minor rotation variably available to all interns)**

Patients in this clinic are referred primarily from the Outpatient Psychiatry, Medical and Surgical Ambulatory Care Clinics. The intern learns to conduct assessments including a review of the problem, a detailed history of onset, assessment of current and recent capacity of sexual dysfunction and a review of factors potentially contributing to the dysfunction. Results of the assessment and concurrent medical evaluations are integrated in developing a treatment plan. Interns learn to provide education regarding sexual issues. Common treatments are pharmacological and behavioral. Patients may also be evaluated for new medications or medication changes.

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## **Neuropsychology Training**

**NEUROPSYCHOLOGY SPECIALTY ROTATIONS**

**Supervisors:** Alia N. Ammar, Ph.D., [alia.ammar@va.gov](mailto:alia.ammar@va.gov)  
Patricia J. Lim, Psy.D., [patricia.lim@va.gov](mailto:patricia.lim@va.gov)  
Robert P. Walters, Ph.D., [Robert.walters3@va.gov](mailto:Robert.walters3@va.gov)  
Sarah Weisenbach, Ph.D., [sarah.weisenbach@va.gov](mailto:sarah.weisenbach@va.gov)

The Jesse Brown VAMC full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. There are currently four neuropsychology supervisors: Dr. Patricia Lim, Dr. Robert Walters, and Dr. Alia Ammar, all of whom completed their advanced training within VA Medical Centers and who have years of specialty training in neuropsychological evaluation. Areas of expertise include the assessment of dementia, neurovascular decline, aging, traumatic brain injury, military head and spine injuries affecting cognition, neurodegenerative conditions affecting cognition, psychiatric illness impacting cognition, and adult attention deficit conditions. The staff have worked in neuropsychological and rehabilitation settings for a number of years, both inside and outside the VA. The VA Chicago Health Care System is one of only four programs in the Chicago area which

offers a full year internship in neuropsychological assessment. Neuropsychology specialty track interns have been trained at the Chicago VA continuously since 1980. To apply, relevant coursework and practica are required.

The full year neuropsychology rotation provides direct, hands-on experiences in the assessment of brain-behavior relationships. Patients have neurological, general medical, psychiatric and substance abuse disorders and are inpatients and outpatients. Extensive experience is gained in the administration and interpretation of well-established neuropsychological batteries, as well as many more recently developed tests. Direct administration of tests allows close observation of disorders such as cerebrovascular disease, head trauma, epilepsy, Alzheimer's disease, Parkinson's disease and systemic illness. A flexible approach to testing is employed, adding tests to a core battery. Extensive practice is gained in writing clear, well-organized neuropsychological reports. The intern uses results of neuropsychological testing to assist the medical team in formulating a diagnosis and treatment plan. Neuropsychology interns have the opportunity to attend neuropsychiatry case conferences and neurology lectures at the University of Illinois at Chicago Medical School. In addition, the intern frequently assists in the training of neuropsychology externs, who are regularly a part of the neuropsychology team.

Our neuropsychology specialty track prepares the intern to pursue advanced training in neuropsychology. Our recent graduates have obtained competitive post-doctoral fellowships, many of them in the Chicago area. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-docs at the University of Illinois's Department of Psychiatry. Our 2002 graduate secured a post-doctoral fellowship at the University of Virginia Department of Psychiatric Medicine and Neurosurgery. Our 2006 graduate secured a position at Beth Israel Hospital, Boston, affiliated with Harvard Medical School. Our 2008 graduate secured a position in a well-known private practice in the Chicago area, and has been able to arrange continued training at UIC Dept. of Psychiatry. Our 2010 graduate secured a position at the Medical College of Wisconsin, in Milwaukee. Our 2011 graduate secured a 2-year post-doctoral neuropsychology fellow position at the University of Virginia. Our 2012 graduate secures a 2-year postdoctoral neuropsychology fellowship with the University of California-Davis.

### **NEUROPSYCHOLOGY AT UIC (minor rotation for Neuropsychology Track interns)**

This six-hour per week minor rotation is based at the University of Illinois at Chicago and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN. Interns with sufficient dissertation progress can choose to devote up to 8 or 10 hours per week to this rotation. The goal is to expand the knowledge base of the intern and increase professional interaction with other neuropsychologists and trainees. Each trainee makes an individualized educational, clinical and/or research plan with Dr. Pliskin. The intern is also involved in the following educational experiences at University of Illinois at Chicago, Center for Cognitive Medicine, Neuropsychology Division:

- Behavioral Neurosciences Seminar: national experts in neuropsychology, neuropsychiatry and brain imaging present case conferences, research and colloquia.
- Applied Neuropsychology Seminar: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present topics of interest to UIC neuropsychology faculty and trainees.
- Neuroanatomy Review Series: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present a detailed review of neuroanatomy topics (cerebral cortex, cranial nerves, limbic system and so on) to neuropsychology trainees.

### **NEUROPSYCHOLOGICAL ASSESSMENT (major rotation for General Track interns)**

The neuropsychology major rotation is supervised by Patricia Lim, Psy.D., and Robert Walters, Ph.D., a former Neuropsychology Track intern from 2008-2009. Interns interested in working with elderly or substance-dependent populations have found neuropsychological assessment to be a valuable addition to their overall clinical training. Please see the description above for information on patients seen and the training approach. Prior neuropsychological testing experience is not required to be eligible for the rotation.

### **NEUROPSYCHOLOGY (minor rotation for non-Neuropsychology Track interns)**

In this rotation, supervisors will work with the intern to set individualized training goals based on experience level. To be eligible for the rotation, the intern should have administered some batteries, including the WAIS-III/IV and should have written some integrated reports. Interns with less testing experience will be introduced to screening batteries and report writing.

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## **Crown Point Training**

### **CROWN POINT SPECIALTY ROTATIONS**

**Supervisors:**            **various**

New for this training year, this Crown Point internship position is intended to provide more focused training in the experiences offered by our affiliated community outpatient clinic (CBOC) located in Crown Point, IN. The intern participating in the rotation will be expected to dedicate at least half of his or her clinical time to training with supervisory support from our Crown Point psychologists. The clinic serves Northwest Indiana and surrounding areas, incorporating a large number of areas that are home to veterans in census-classified rural areas. In the last year, the mental health clinic alone provided 42,684 encounters for over 3000 unique patients. The intern pursuing this track may



participate in services on-site at Crown Point or via telemental health modalities. Although rotational assignments are subject to the individual trainees' needs, it is likely that both general psychiatric and health-related rotations will be available in this track. The Crown Point intern can expect to have a large amount of his or her training devoted to the implementation of empirically based psychotherapies, as the top two psychologists with respect to numbers of EBP encounters are housed at Crown Point. Moreover, much of our clinical video telehealth psychology production occurs at this CBOC, which is likely to be another important component of training. We also anticipate providing training through the Behavioral Health Lab at Crown Point via psychologists search taking place as of Fall 2013. Additional rotational assignments will be drawn from the general rotational options described in the General Track section. Group didactics and supervision, as described elsewhere, occur in conjunction with the other JBVAMC tracks.

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## **Administration and Leadership (Non-Clinical) Minor Rotations**

### **INTERNSHIP ADMINISTRATION**

An intern who elects this training experience may work on training projects either jointly or with guidance from the director of training. This hands-on experience in administration is appropriate for interns who have career goals in psychology training. Possible projects include the following:

- Deciding on and implementing improvements to the internship website, including the time to devote to the self-study of web-design programs
- Coordination of aspects of the selection of next year's internship class or externship class
- Submission of a training-related proposal for presentation at a professional meeting
- A literature review of a training area of interest and preparation of a presentation to the psychology staff and interns on the subject
- Assisting with documentation about accreditation and funding
- Other projects as initiated by the intern or director of training—e.g. surveys of intern interviewees, surveying past intern's attitudes toward training at JBVAMC

### **MENTAL HEALTH LEADERSHIP & ADMINISTRATION**

This rotation provides three learning experiences as preparation for the opportunities and challenges in mental health leadership and administration. First, the intern meets with the Chief Psychologist on a weekly basis to discuss administrative issues. There are assigned readings that complement the weekly meetings. Second, the intern attends management meetings to see how plans to enhance patient care are generated, implemented, and evaluated. Third, the intern works on a project related to leadership issues. Examples of leadership projects done in the past include staff and patient satisfaction surveys, developing a computerized addictions assessment initial interview, and a project to assist employees in coping with job stress.

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## **Seminars**

Interns attend two seminars per week, each lasting 1.5 hours. Topics are chosen for their clinical relevance. A brief selection of seminars over the last several years includes:

Clinical Management of Suicidality and Homicidality: John Mundt, Ph.D.

Diagnostic Interviewing of Addicted Patients: Mark Zerwic, Ph.D. & Ron Socha, Psy.D.

Chicago Neighborhood Tour——Where Our Veteran Patients Live: John Mundt, Ph.D.

Professional Boundary Issues: John Mundt, Ph.D.

Diagnosis and Treatment of PTSD from Combat Trauma: Joseph Yount, Ph.D.

Becoming a Professional Speaker: John Mundt, Ph.D.

Group Supervision: David Eisenberg, Ph.D. and Mark Zerwic, Ph.D.

Pain——The Fifth Vital Sign: David Cosio, Ph.D.

The View from Guantanamo: Eric Proescher, Psy.D.

Military Culture: Eric Proescher, Psy.D.

On Obesity Assessment and Treatment: Sarah Catanese, Ph.D.

Medicare/Managed Care Billing, Coding, and Documentation: Patricia Lim, Psy.D.

Differential Diagnosis of Dementia:——Patricia Lim, Psy.D.

Chronic Pain——Assessment & Treatment: Empirical literature and empirically supported treatment: Susan Payvar, Ph.D.

Insomnia——Assessment & Treatment: Empirical literature and empirically supported treatment: Susan Payvar, Ph.D.

Evidence-based Psychotherapy for PTSD:: Leah Paskar, Ph.D.

Understanding Homecoming and Deployment: John Mundt, Ph.D.

Dialectical Behavior Therapy and Treatment Applications: Jonathan Beyer, Ph.D.

Assessment and Treatment of ——Military Sexual Trauma: Jonathan Beyer, Ph.D.

The Business of Psychology——Private Practice Considerations: Alia N. Ammar, Ph.D.

Diversity topics have included the following: race, masculinity, stereotypes, multiculturalism, geriatrics, sexual orientation, legal issues, religion, disability, and inclusion.

## **Supervision and Evaluation**

### **Individual Supervision and Evaluation**

The vast majority of supervision at Jesse Brown VAMC is individual supervision. Each intern is assigned supervisors for each current training experience: the major rotation, the minor rotation, outpatient therapy and group therapy. Hours of formal one-to-one supervision typically range from 2 to 4 hours per week; along with internship-wide group supervision (described below), all interns receive at least 2 hours of individual supervision and 4 hours of total supervision weekly. The supervisors are the psychologists who work in those program areas.

Interns evaluate their supervisors and present these evaluations in written form. Also, supervisors provide interns an assessment of their current state of professional development in a written evaluation. Scheduled evaluations occur every two months. At months 4, 8, and 12, the training committee reviews these evaluations for each intern and implements an aggregation procedure—additionally consulting with the supervisors of record if necessary—for each competency to yield a single rating summarizing the intern's apparent progress at that point. In essence, the committee creates a single integrated evaluation for the intern after each 4-month interval. The intern's primary mentor or the director of training is charged with delivering feedback on this summary to the intern. The final, 12-month aggregate evaluation is the ultimate determination as to whether the intern has reached the program's required competency levels for successful completion of the program. Interns will be determined to be successfully meeting training goals when none of their 4-month intermediate-year aggregate ratings on primary competencies is rated below the intermediate trainee level. Remediation plans will be instituted when these criteria are not met, or when individual supervisors raise specific concerns that are considered serious enough by the training director to merit that such a step be taken (i.e., not expected to self-correct as a natural consequence of participating in the rotation). A complete remediation policy will be established and disclosed by the training program at the beginning of the intern's training year. Successful completion of the program will be determined when at least 80% of the aggregated primary competencies at the year-end evaluation are judged at the level of being ready for entry-level practice in all but non-routine cases (i.e., one level below autonomous practice).

The interns' academic directors of training are provided with written progress summaries at 6 months and at the completion of the internship. Interns may attend selected training committee meetings and provide input into training decisions. Additionally, the director of training and interns hold regular meetings so the interns may discuss the training program as they are experiencing it. In our experience, the best suggestions for improving our internship usually come from the interns themselves.

## **Intern Group Supervision**

Intern group supervision is provided weekly for one hour and involves the director of training or another dedicated staff member providing supervision to all of the interns at once. The weekly intern group supervision allows for discussion of cases or clinical issues illustrated within case materials. This supervision also allows for reflection and feedback regarding aspects of professional and ethical development, monitoring the general progress of each intern and the intern class as a whole, allowing interns opportunities to provide feedback about training and ways to enhance their training experience, and fostering for professional and colleague growth.

## **Library Resources**

Our interns may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching, and research. Many online resources are available through internet access in each office, including OVID and Medline.

## **Office Space and Computer Resources**

We do our best to ensure that each psychology intern has a separate office, telephone, and personal computer. All intern offices have access to the VA server, which contains computerized patient charts. All mental health notes are entered in the computer charting system, CPRS.

## **Stipends, Leave, Start Date, and Insurance Coverage**

### **Stipend**

As of 2014, the one-year full-time pre-doctoral internship provides a \$26,271 stipend paid in 26 biweekly payments.

### **Leave**

Interns are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy 10 paid federal holidays annually. Interns are also granted additional professional leave (paid, off-station time) to present at major professional conferences and attend post-doc/job interviews, pending administrative approval.

### **Start Date**

The internship year traditionally begins in late June or early July. The 2014–2015 internship year will begin on 6/30/14.

### **Health Insurance**

Veterans Affairs offers optional health insurance for psychology interns. There are a wide variety of federal health benefits programs to choose among and can include dental and vision care.

**Life Insurance**

The VA offers optional life insurance for psychology interns.

**Public transportation vouchers / Parking**

For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit (valued at up to \$120 per month) on their first day at work. For interns who drive to work, there is a large garage attached to the Medical Center. The cost of parking permits can be automatically deducted from interns' pay checks.

**Other benefits**

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center. In addition, the University of Illinois at Chicago has a gym that is across the street from the VA, and interns receive reduced employee membership rates. Interns may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Interns may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which include free vaccinations for Hepatitis B and free flu shots.

**Malpractice Insurance**

Malpractice liability coverage is provided for interns through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

**Administrative Policies**

More information regarding administrative policies for interns, including specific information about leave policies, due process and grievance policies and other information, is available upon request. The following information is further available upon written request to the internship and found in Addendums to the Intern Handbook provided to interns during their orientation:

- Information on intern performance evaluation;
- Procedures for intern feedback, advisement, retention and termination;
- Due process and grievance procedures for interns and training staff;
- Requirements for the completion of the internship; and
- Any other administrative policies and procedures.

**Due Process Statement**

All interns are afforded the right to due process in matters of problematic behavior and grievances. The due process and grievance procedures are disseminated and reviewed upon the intern's orientation to the program.

**Privacy Policy**

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

### **Self-Disclosure**

We do not require interns to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the intern's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the director of training or section chief will be responsible for initiating this process and will attempt to limit the distribution of any information disclosed to the most limited extent possible for effecting the change.

## **Application & Selection Procedures**

Instructions for how to apply for JBVAMC's internship program are provided each summer on the associated training website. As at the beginning of this brochure, the relevant document for applicants interested in the program will be labelled according to the upcoming training year. In addition to application instructions, this document provides other important information, such as the APPIC/NMS match numbers of the different training tracks, a description of the minimum and recommended qualifications of applicants, and a description of how applicants are selected through the application and interview processes (along with the relevant dates). Please ensure that the submission of any application follows the procedures specified in this document ("JBVAMC Internship Application Process").

## **Information on Current and Recent Interns**

### **Class of 2013-2014**

The Chicago School of Professional Psychology (Health Track)  
Illinois School of Professional Psychology (General Track)  
Loyola University, Chicago (Health Track)  
Roosevelt University (Neuropsychology Track)  
University of Detroit Mercy (General Track)  
University of Kansas (Neuropsychology Track)  
Wayne State University (General Track)

### **Class of 2012-2013**

Arizona State University (Neuropsychology Track)  
Case Western Reserve University (Health Track)  
The Chicago School of Professional Psychology (General Track)  
Loyola University Maryland (General Track)

### **Class of 2011-2012**

California School of Professional Psychology at Alliant International University  
(Neuropsychology Track)  
Rutgers, The State University of New Jersey (Health Track)  
University of South Florida (General Track)  
Wayne State University (General Track)

## **Program Point of Contact**

Kenneth Andrew Lehman, Ph.D.  
Clinical Psychologist, Outpatient Psychiatry Clinic  
Director of Training, Psychology Section  
Mental Health Service Line (116A-1)

Jesse Brown VA Medical Center  
820 South Damen Ave.  
Chicago, IL 60612

Office: 312-569-7218  
Email: [Kenneth.Lehman@va.gov](mailto:Kenneth.Lehman@va.gov)